

CLAIMS ONLY							Application Number		Filing Date					
							Applicant(s)							
									* May be used for additional claims or amendments					
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
		Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1								51						
2								52						
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47								97						
48								98						
49								99						
50								100						
Total Indep	3							Total Indep						
Total Depend	18							Total Depend						
Total Claims	21							Total Claims						